

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K31683

(1)

1. Corporation Name

FLORIDA HEADQUARTERS CORP.

Principal Place of Business

RT. 3, WILL DUKE RD.
P.O. BOX 1087
WAUCHULA FL 33873

Mailing Address

RT. 3, WILL DUKE RD.
P.O. BOX 1087
WAUCHULA FL 33873-1087

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

65-0068216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, EDGAR L., SR.
RT. 3, WILL DUKE RD
P.O. BOX 1087
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

Davis, Edgar L., Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

194 Will Duke Road

83

84 City

Wauchula

FL

85 Zip Code

33873

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, EDGAR L., SR.	
STREET ADDRESS	RT 3, WILL DUKE RD.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, EDGAR L., JR.	
STREET ADDRESS	RT. E, WILL DUKE RD.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BEST, GAIL D.	
STREET ADDRESS	RT 3, WILL DUKE RD.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, Edgar L	
1.3 STREET ADDRESS	194 Will Duke Road	
1.4 CITY-ST-ZIP	Wauchula, FL 33873	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Best, Gail D	
3.3 STREET ADDRESS	S. Bailey Road	
3.4 CITY-ST-ZIP	Wauchula, FL 33873	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/21/97

941-773-4159

Date

Daytime Phone #

CR2E034 (9/96)